File with,
Iowa Ethics and Campaign
Disclosure Board
510 E. 12<sup>th</sup>, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



**COMMITTEE NAME** (Must be same as on Statement of Organization)

#### FOR INSTRUCTIONS, SEE BACK OF FORM

## **DISCLOSURE SUMMARY PAGE**

CAMPAIGN DISCLOSURE BD.

PM 9-22 2009 SEP 24 AM 10: 15

FOEGE FOR CITIZENS #887	,		DRM DR-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	2 )State PAC ( 3 )State Party idate ( 7 )School Board or Other Political	(Re	Office Use Orlly om. #
CANDIDATE COMMITTEES ONLY: Candidate Name ROMAINE FOEGE	Political Party (if applicable) DEMOCRATIC	Logg	ged In
Office Sought NONE	District (if Senate or House)	4 1	ted
Late reports are subject to possible civil and criminal penalties.	3/9/89 5-6001 TELEPHONE		401(3), the candidate, for a  G. 21.09  DATE SIGNED
AM FILING A	REPORT FOR (1) ELECTION /(2	)NON-EL	ECTION YEAR.
(report date)	Indicate by #	2	
CHECK IF AMENDMENT TO REPORT DATED DECEM	BER 31, 2008  -18-09 <sub> Lo</sub>	cal Commi	ttees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is filed		ounty & Loc lich Election	cal Committees, enter County in n is held
STATEMENT OF CASH ON HAN	D		
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is f	cash on hand at the end	\$	27,945.90
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Sched	dule A) (*also see in-kind below)		3,350.00
Schedule F: Loans Received total (Attach Schedule	e F)		0.00
Schedule H: Total Sales of Campaign Property (Att	ach Schedule H)		0.00
(Schedule H applies to Candidates' Com	····		31,295.90
	SUB-TOTAL	\$	
SUBTRACT TOTAL MONEY SPENT THIS PERIOR			21,664.24
Schedule B: Expenditures total (Attach Schedule B	•		0.00
Schedule F: Loan Repayments total (Attach Scheduce CASH ON HAND at the end of this reporting period (if final re			9,631.66
**UNPAID BILLS (From Schedule D - Attach Schedule D)			0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche			0.00
**OUTSTANDING LOANS (From Schedule F - Attach Sched	,		0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		,	YES NO
CANDIDATE COMMITTEES ONLY:		<del></del>	. 12010
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Att	ach Schedule H\	\$	0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

## For Instructions, See Back of Form

# Reserve

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
FOEGE FOR CITIZENS #887

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/2/08	ID# <b>C00012169</b> CK# <sub>1345</sub>	Roche Good Government Comittee 304 Kingsland St. Nutley, NJ 07110		\$150.00	
1/2/08	ID# CK# 2647	Kristine Warford 2004 Cambridge Dr. Coralville, IA 52241		50.00	
1/3/08	ID# <b>6018</b> CK# 1666	Iowa Physical Therapy 8355 University Blvd. Suite K Clive, IA 50325		100.00	
1/7/08	<sup>ID#</sup> 6449 Ск# 1415	Great Plaines Laborers District Council Iowa 5806 Meredith Dr. Suite B Des Moines, IA 50322		300.00	
1/4/08	ID# <b>9162</b> CK# <sub>1006</sub>	Iowa Psychiatric Society 2643 Beaver Ave. Des Moines, IA 50310		100.00	
1/8/08	ID# CK# <sub>3629</sub>	William Leaver 3280 Camp Creek Rd. Lynn Center, IL 61262		1000.00	
1/11/08	ID# <b>9698</b> CK# <sub>629</sub>	IAAMB PAC 4949 Westown Pkwy Ste. 165-111 W. Des Moines, IA 50266		150.00	
1/2/08	ID# <b>9131</b> CK# <sub>1072</sub>	Iowa Harness Horseman's Association P.O. Box 107 Grinnell, IA 50112		150.00	
1/28/08	ID# CK# 15441	Leila Carlson 2014 39th St. Des Moines, IA 50310		50.00	
2/1/08	ID# CK# 5792	Lee Birchansky 2635 Granite Ct. NE Cedar Rapids, IA 52402		1000.00	
	-		SUB-TOTAL	3050.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_of \_\_3

TOTAL (if last page of this schedule)

JA ETHICS AND



2000 IAN 20 DH 9:25

ile with.  owa Ethics and Campaign Disclosure Board 510 E. 12", Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION	NS, SEE BACK OF FORM 20 SUMMARY PAGE	19 JAN 24	AH 9: 20
Fax: 515-261-4010	Statement of Org	anization)	FORM	
OMMITTEE NAME (Must b	be same as on Statement of Org		DR-	2 DISCLOSURE
FOEGE FOR CITIZENS	#887		(Rev. 07	7/2007) REPORT
MPORTANT: Indicate by # type (1) Statewide/Legislative/Judge (4) County Central Committee ( Subdivision Candidate (8) Cou 11) Local Ballot Issue	e of committee you are reporting for e Standing for Retention Candidate (5)County Candidate (6)City Can unty PAC (9)City PAC (10)School	(2) State PAC (3) State Party didate (7) School Board or Other Political at Board or Other Political Subdivision PAC	For Office Comm. i	
CANDIDATE COMMITTEE	S ONLY:	Political Party (if applicable)	Scanne	d LUXC WXS
Candidate Name		DEMOCRATIC	Compu	9.14.09
ROMAINE FOEGE		District (If Senate or House)	Destibut	9.74.01
Office Sought		29		- July
NONE				secondidate for a
and Kon	spenhaver_	Pursuant to Iowa Code sections 68B.32A		7. 18.09 DATE SIGNED
SIGNATURE OF PERSON	FILING REPORT	[EDEI 11411		
I AM FILING A DECEMB	BER 31, 2008   -   9 . (	PREPORT FOR (1) ELECTION Indicate by	/(2)NON-ELE # 2	CTION YEAR.
	(report date)			ees, enter Date of Election
CHECK IF AMENDMEN	IT TO REPORT DATED			
Check if this is final (ter (You must contin	rmination) report and attach Not nue to file reports until a DR-3 is	ice of Dissolution Form DR-3. filed.)	County & Loca which Election	al Committees, enter County İn ı is held
0717	EMENT OF CASH ON H	AND		
CASH ON HAND at the b	eginning of the reporting period	(Total of all funds held by the	\$	27,945.90
	AND TAKEN IN THIS PERIO	מ		3,350.00
ADD IOINE	L O	to the second		3.330,00
Cchadula A' C≤	ASH CONTRIDUCIONS JOIGH (ATTRACT.	ichedule A) (*also see in-kind below)	**********	
and the state of the	one Beceived total (Attach Sch	Schedule A) (*also see in-kind below)		0.00
and the state of the	one Beceived total (Attach Sch	equie ( )		
Schedule F: Lo	one Beceived total (Attach Sch	y (Attach Schedule H)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00
Schedule F: Lo Schedule H: To (Schedule H: To	pans Received total (Attach Schotal Sales of Campaign Propert dule H applies to Candidates)	y (Attach Schedule H) Committees Only)  SUB-TOTAL.	\$	0.00 0.00 31,295.90
Schedule F: Lo Schedule H: To (Schedule H: To SUBTRACT TO	pans Received total (Attach Schootal Sales of Campaign Propert dule H applies to Candidates'	y (Attach Schedule H)  Committees Only)  SUB-TOTAL.  ERIOD  Jule B) (**also see debts and loans below	\$ w)	0.00 0.00 31,295.90 21,664.24
Schedule F: Lo Schedule H: To (Schedule Schedule B: E Schedule F: Lo	pans Received total (Attach Schotal Sales of Campaign Propert duie H applies to Candidates'  OTAL MONEY SPENT THIS Pi expenditures total (Attach Schot oan Repayments total (Attach S	y (Attach Schedule H)	\$	0.00 0.00 31,295.90 21,664.24 0.00
Schedule F: Lo Schedule H: To (Schedule Schedule B: E Schedule F: Lo	pans Received total (Attach Schotal Sales of Campaign Propert duie H applies to Candidates'  OTAL MONEY SPENT THIS Pi expenditures total (Attach Schot oan Repayments total (Attach S	y (Attach Schedule H)	\$	0.00 0.00 31,295.90 21,664.24
Schedule F: Lo Schedule H: To (Sched SUBTRACT TO Schedule B: E Schedule F: Lo CASH ON HAND at the	cans Received total (Attach Schootal Sales of Campaign Propertion of the Expenditures to Candidates'  OTAL MONEY SPENT THIS Place on Repayments total (Attach Schootan Repayments total (Attach Schootan Candidates)	y (Attach Schedule H)	w)s	0.00 0.00 31,295.90 21,664.24 0.00 9,631.66
Schedule F: Lo Schedule H: To (Schedule H: To Schedule B: E Schedule B: E Schedule F: Lo CASH ON HAND at the	cans Received total (Attach Schootal Sales of Campaign Propertions of Campaign Propertions of Campaign Propertions of Campaign Propertions of Campaign Properties of Campaign Propertie	y (Attach Schedule H)	w)s	0.00 0.00 31,295.90 21,664.24 0.00 9,631.66
Schedule F: Lo Schedule H: To (Schedule SUBTRACT TO Schedule B: E Schedule F: Lo CASH ON HAND at the	pans Received total (Attach Schootal Sales of Campaign Propertion of the Expenditures to Candidates'  OTAL MONEY SPENT THIS Place of the Expenditures total (Attach Schootan Repayments total (Attach Schootan Repayments total (Attach Schootan Schootal Properting Period (If for Schootal Period Period Period Period Period Period Period (If for Schootal Period	y (Attach Schedule H)	w)s	0.00 0.00 31,295.90 21,664.24 0.00 9,631.66
Schedule F: Lo Schedule H: To (Schedule H: To (Schedule H: To Schedule B: E Schedule F: L CASH ON HAND at the "UNPAID BILLS (From "IN KIND CONTRIBUTION" "NOUTSTANDING LOA	pans Received total (Attach Schootal Sales of Campaign Propertion of the Expenditures to Candidates'  OTAL MONEY SPENT THIS Place of the Expenditures total (Attach Schootan Repayments total (Attach Schootan Repayments total (Attach Schootan Schootal Properting Period (If for Schootal Period Period Period Period Period Period Period (If for Schootal Period	y (Attach Schedule H)	w)s	0.00 0.00 31,295.90 21,664.24 0.00 9,631.66 0.00 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
FOEGE FOR CITIZENS #887	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
· · · · · ·	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	1/2/08 # 8010	ID# <b>C00012169</b> CK# <sub>1345</sub>	Roche Good Government Comittee 304 Kingsland St. Nutley, NJ 07110		\$150.00	
	1/2/08	CK# 2647	Kristine Warford 2004 Cambridge Dr. Coralville, IA 52241		50.00	
	1/3/08	ID# <b>6018</b> CK# 1666	Iowa Physical Therapy 8355 University Blvd. Suite K Clive, IA 50325		100.00	
	1/7/08	ID# <b>6449</b> CK# 1415	Great Plaines Laborers District Council Iowa 5806 Meredith Dr. Suite B Des Moines, IA 50322		300.00	
	1/4/08	ID# <b>9162</b> CK# <sub>1006</sub>	Iowa Psychiatric Society 2643 Beaver Ave. Des Moines, IA 50310		100.00	
	1/8/08	ID# CK# <sub>3629</sub>	William Leaver 3280 Camp Creek Rd. Lynn Center, IL 61262		1000.00	
$\mathcal{L}$	1/18/08	ID# <b>9698</b> CK# <sub>629</sub>	IAAMB PAC 4949 Westown Pkwy Ste. 165-111 W. Des Moines, IA 50266		150.00	
	1/2/08	ID# <b>9137</b> CK# <sub>1072</sub>	Iowa Harness Horseman's Association P.O. Box 107 Grinnell, IA 50112		150.00	
	1/28/08	ID# CK# 15441	Leila Carlson 2014 39th St. Des Moines, IA 50310		50.00	
	2/1/08	ID# CK# 5792	Lee Birchansky 2635 Granite Ct. NE Cedar Rapids, IA 52402		1000.00	
-				SUB-TOTAL	<b>\$</b> 3050.00	

TOTAL (if last page of this schedule)

Page / of 3

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

#### For instructions, See Back of Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

	1 1	
COMMITTEE NAME (Must be same as on Statement of Organization)		
FOEGE FOR CITIZENS #887		

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
Concess	CK THIS BOX IF NDING FORM

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1/10/08	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/10/08	1/10/08		1945 Andrews Dr.		\$50.00	č
1/10/08	1/10/08	CK# <sub>2937</sub>	302 Linden Ter. SE		50.00	
1/10/08   CK#   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/10/08   1/	1/10/08	CK# 3717	Anne Gruenewald 1412 Arthur Dr.		50.00	
1/10/08   CK#   1/10/08   CK	1/10/08	CK# 8556	1125 Briarstone Dr.		5.00	
1/10/08   CK#   1788   Elizabeth Plumb   811 7th St.   Harlan, IA 51537	1/10/08	CK# <sub>6975</sub>	307 Lakeview Dr.		20.00	
1/10/08     CK#     Thomas Lazio     25.00       2301 N Court St.     Ottumwa, IA 52501       1/10/08     ID#     Jody Wiseman     5.00       1/10/08     ID#     Peg Armond     5.00       1/10/08     CK#     Peg Armond     10.00       1/10/08     CK#     S965     Eldora, IA 50627	1/10/08	CK# <sub>1788</sub>	811 7th St.		20.00	
1/10/08   CK#   Jody Wiseman	1/10/08	CK# <sub>11793</sub>	2301 N Court St.		25.00	
Peg Armond 10.00  CK# 5965  Peg Armond 501 Birch Ave. Eldora, IA 50627	1/10/08	CK# <sub>3447</sub>	121 6th St. N		5.00	
ID#	1/10/08	CK# 5965	501 Birch Ave.		10.00	
4542 Oskaloosa, IA 52577 SUB-TOTAL	1/10/08	ID# CK# 4542	M. Margaret Stoltzfus 1214 2nd St. S		10.00	

TOTAL (if last page of this schedule)

Page 2 of 3

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

#### For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
FOEGE FOR CITIZENS #887	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/10/08	CK# <sub>5609</sub>	Michelle Herman Box 8 New Providence, IA 50206		\$10.00	INCOME
1/10/08	ID# CK# 8357	Douglas Smit 307 5th St. Ireton, IA 51027		15.00	
1/10/08	CK# 1514	Sandy Johnson 106 5th Ave. Council Bluffs, IA 51503		15.00	
1/10/08	CK# 5760	Carol Wood 245 Glenridge Circle Council Bluffs, IA 51503		15.00	
	ID# CK#				
	ID# CK#	•			
	ID# CK#				
			SUB-TOTAL	o 55.00	

TOTAL (If last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

	ENAME (Must be Le for C	same as on Statement of Organization)  History  287		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	ONAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1.31.08	CK# 680	Kerin M. Kelly PO Box 11158 Ceder Rapids, JA 52416	3 mos. web hosting	\$ 30.00
2.2.08	ID# 9098 CK# <b>68</b> 1	Truman Fund 5661 Flear Drive. Des Moines, JA 50321	Contribution	10,000,0
2.2.08	ID# 9098 CK# 682	Jowa Democratic Party 5661 Flew Drive Des Moines, JA 50321	VAN Fund	1,000.0
2.2.08	ID# CK# <b>683</b>	Friedman Associates One Knoll Wood Lane Towa City JA 52245	Consulting	595.0
3.7.08	ID# CK# <b>68</b> 4	Friedman Associates One Knollwood Lane Jowa City, JA 52245	Consulting	320.0
4.2.08	ID# CK# <b>68</b> 5	Friedman Associates One Knollwood Lane Sowa City, JA 5225	Consulting	400.0
5.1.08	ID# CK# 686	Kevin M. Kelly Po Box 11158 Cedarlapids, AA	3 mos. web hosting	85.6
5.1.08	ID# CK# 487	Friedman Associates One Knollwood Lane Jowa City JA 52245	Consulting	300.00
		,	SUB-TOTAL TOTAL (If last page of this schedule)	\$ 12,730.6 \$

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		of	

FOR INSTRUCTIONS, SEE BACK OF FORM

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11 19			-						

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

#### EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTE	E NAME (Must be :	same as on Statement of Organization)		
Folg	ve for C	itizens #887		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1.8.08	CK# 688	Neal's Water Conditioning PO Box 154 Mt. Vernon, JA 52314	Storage Kentou	s 534.24
9.5.08	ID# 9098 CK# <b>689</b>	Truman Fund 5661 Flews Drive Des Moines, JA 50321	Contribution	8,000.00
10.1.08	ID# 9098 CK# <b>69</b> 0	Iona Democratic Party 5661 Fleur Drive Des Moines, JA 50321	Jefferson Jackson Dinner	400.00
	ID# CK#			
	ID#			
	ID# CK#			.;
	ID# CK#			
	ID# CK#		sa e s	
	•		SUB-TOTAL	\$ 0.021.24

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	1		7
Page	<u></u>	Of	

TOTAL (if last page of this schedule)

(for Schedule G)

FOR INSTRUCTIONS, SEE BACK OF FORM SCHEDULE G BREAKDOWN COMMITTEE NAME(Must be same as on Statement of Organization) OF MONETARY (Rev. 02/08) **EXPENDITURES** FOEGE FOR CITIZENS #887 BY CONSULTANT CHECK THIS BOX IF AMENDING FORM PART I - NAME AND ADDRESS OF CONSULTANT Name of Consultant **MELANIE FRIEDMAN** Mailing Address ONE KNOLLWOOD LANE State Zip Code IOWA CITY, IA 52245 CONTRACT PERIOD (MM/DD/YR) TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE From 01/01/08 2,000.00 05/31/08 **ESTIMATES OF PERFORMANCE** TO PROVIDE POLITICAL CONSULTATION SERVICES AS NEEDED INCLUDING REIMBURSEMENT FOR OUT OF POCKET EXPENSES INCURRED. PART II. ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.) DATE **EXPENDED** NAME AND ADDRESS TO WHOM EXPENDITURE AMOUNT (MM/DD/YR) (Disbursement) WAS MADE **PURPOSE** EXPENDED \$ SUB-TOTAL \$ TOTAL (If last page of this schedule)